



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Ali Bajwa, M.D.

Respondent Name

Hartford Accident and Indemnity Company

MFDR Tracking Number

M4-17-1113-01

Carrier's Austin Representative

Box Number 47

MFDR Date Received

December 27, 2016

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "DESIGNATED DOCTOR EXAMINATION INCORRECT REDUCTION"

Amount in Dispute: \$750.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The Requestor submitted billing for Designated Doctor services. The impairment rating was denied as Dr. Bajwa's certification has expired."

Response Submitted by: The Hartford

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
July 8, 2016	Designated Doctor Examination	\$750.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.204 sets out the fee guidelines for division-specific services from March 1, 2008 until September 1, 2016.
3. 28 Texas Administrative Code §130.1 sets out the provisions for certification of maximum medical improvement and impairment rating.
4. Texas Labor Code §408.0041 provides the requirements for designated doctor examinations.
5. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - P-12 – Workers' compensation jurisdictional fee schedule adjustment.

- 4150 – An allowance has been paid for a designated doctor examination as outlined in 134.204(j) for attainment of maximum medical improvement. An additional allowance may be payable if a determination of the impairment caused by the compensable injury was also performed.
- W3 – Additional payment made on appeal/reconsideration.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 1115 – We find the original review to be accurate and are unable to recommend any additional allowance.

Issues

1. What are the services considered in this dispute?
2. Is Hartford's reduction of payment for the disputed services supported?

Findings

1. Ali Bajwa, M.D. is seeking an additional reimbursement of \$750.00 for a designated doctor examination. Dr. Bajwa included procedure codes 99456-W5-WP, 99456-W5-MI, and 99456-W6-RE on the Medical Fee Dispute Resolution Request (DWC060). Dr. Bajwa is seeking \$0.00 for procedure codes 99456-W5-MI and 99456-W6-RE. Therefore, these services will not be considered in this dispute. Dr. Bajwa is seeking an additional \$750.00 for procedure code 99456-W5-WP, representing an examination to determine maximum medical improvement and impairment rating. These are the services that will be considered for this dispute.
2. In its position statement, Hartford argued that "The impairment rating was denied as Dr. Bajwa's certification has expired." Texas Labor Code §408.0041(h) states, in relevant part:

The insurance carrier shall pay for:

- (1) an examination required under Subsection (a), (f), or (f-2), **unless otherwise prohibited by this subtitle or by an order or rule of the commissioner** [emphasis added] ...

28 Texas Administrative Code §134.204(j)(2) states:

An HCP shall only bill and be reimbursed for an MMI/IR examination if the doctor performing the evaluation (i.e., the examining doctor) is an authorized doctor in accordance with the Act and Division rules in Chapter 130 of this title.

It is, therefore, a condition of payment that Dr. Bajwa was an authorized doctor in accordance with the Act and Division rules in Chapter 130 at the time of service. 28 Texas Administrative Code §130.1(a)(1)(A) includes designated doctors in the list of roles defined as authorized doctors. 28 Texas Administrative Code §130.1(a)(1)(B) further states, in pertinent part:

On or after September 1, 2003, a doctor serving in one of the roles described in subsection (a)(1)(A) of this section is authorized as follows:

- (i) doctor whom the division has certified to assign impairment ratings or otherwise given specific permission by exception to, is authorized to determine whether an injured employee has permanent impairment, assign an impairment rating, and certify MMI ...

Consequently, as a designated doctor, Dr. Bajwa was required to meet the conditions found in 28 Texas Administrative Code §130.1(a)(1)(B) in order to qualify for payment of the services in question. Review of available information finds that Dr. Bajwa's certification to assign impairment ratings expired on July 3, 2016, which is prior to the date of service considered in this dispute. Submitted documentation does not support that Dr. Bajwa was given specific permission by exception to assign an impairment rating. Therefore, the division concludes that Hartford's reduction of payment for the disputed services is supported.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

Authorized Signature

_____	Laurie Garnes	January 13, 2017
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.